
ARMY NURSE CORPS NEWSLETTER

“Ready, Caring, and Proud”

Volume 01 Issue 12

September 2001



Message from the Assistant Chief

On August 23rd, the results of the ANC LTHET Selection board were announced. The board selected 102 officers for attendance at civilian institutions for masters and doctoral studies, USUHS, Nurse Anesthesia, and Baylor programs. Brigadier General Bester and I extend our congratulations to all those selected and wish each of them much success as they pursue their avenue of study.

As President of the Board, I wanted to take the time to discuss board recommendations that would make officers more competitive and improve their chances for selection on subsequent boards. As you all are well aware funds are tight, and "gremlins" are always seeking ways to reduce the amount we spend on education. As such, it becomes our mission to make sure our best qualified officers are selected to meet the specialty needs of the corps.

To ensure officer's records are among the best, chief nurses and officers would do well to consider the following advice. As chief nurses prepare their letters of recommendation, it is helpful to state how officers have overcome early obstacles in their records. In looking at college transcripts, it is obvious that low overall GPA's were a result of lack of focus as freshmen and sophomores. Chief nurses can soften the impact of this information by highlighting the exceptional ability of students in their hard sciences and upper level division nursing courses. Additionally, officers who have errors in performance early in their records would benefit from comments about their growth and maturity as they progressed through challenging assignments. Finally, as chief nurses prepare their letters of support, site specific accomplishments that would convince the board members that this is an outstanding officer. Contrary to the popular belief that these letters have little significance, the board places a great deal of credence in the chief nurse letters.

For the officers applying for LTHET, regardless of the course of study, consider these points. Graduate Record Exam (GRE) scores are very important! A benchmark to ensure competitiveness is at least a score of 500 on the verbal and math. If you are not at or very near these scores, I highly recommend you take a review course. Many times one's scores are a reflection of test taking abilities. These courses, whether computerized or in seminar format, are designed to

improve your test taking skills such as understanding the question, eliminating options etc. Some even guarantee 100+ points improvement in your scores! When writing your statement of goals for your record, be specific about what you want to accomplish both long and short term and the benefit to the Army Nurse Corps. Finally, if anyone desires to take a graduate level course to demonstrate graduate level ability, make sure it is from a reputable academic institution. Following these tips will not guarantee your selection, but certainly will increase your chances.

Prior to submitting your packets, preferably early in the planning process, consult your nurse leadership for their guidance to ensure the application you submit truly reflects your abilities. The Army Nurse Corps is committed to selecting its best for advanced practice roles. Make sure your packet says "I am the very best"!

Deborah A. Gustke
Colonel, AN
Assistant Chief, Army Nurse Corps

Office of the Chief, Army Nurse Corps

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LTC Ellen Forster
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AN Web Site:
www.armymedicine.army.mil/ots/nurse/index.htm

ANC Branch PERSCOM:
www.perscom.army.mil/ophsdan/default.htm

Article Submissions for the ANC Newsletter

The ANC Newsletter is published monthly to convey information and items of interest to all nurse corps officers. If you have an item that you feel would be of interest to your fellow ANCs, please e-mail to CPT Feider. The deadline for all submissions is the last week of the month prior to the month you want the item published. We reserve the right to edit and review any item submitted for publication. All officers are eligible to submit items for publication.

PERSCOM

Army Nurse Corps Branch Web Page

The direct address for our web page is: www.perscom.army.mil/ophsdan/default.htm. Please visit our site to learn more about AN Branch, and matters pertaining to your military career.

AN BRANCH PERSONNEL E-MAIL ADDRESSES

Please note that our e-mail addresses are still not linked up to the MEDCOM e-mail address list. We are getting numerous calls from the field about "undeliverable" messages when they try to send us e-mail messages. Our e-mail addresses are as follows:

COL Feeney-Jones:	feeneys@hoffman.army.mil	MAJ Lang:	langg@hoffman.army.mil
LTC Haga-Hogston:	hagas@hoffman.army.mil	CPT Gahol:	gaholp@hoffman.army.mil
LTC Newman:	newmanj@hoffman.army.mil	Mr. Baker:	bakerj1@hoffman.army.mil
LTC Hough:	houghc@hoffman.army.mil	Ms. Bolton:	boltonv@hoffman.army.mil
LTC Ross:	rossa@hoffman.army.mil	Mr. Shell:	shellj@hoffman.army.mil
MAJ Krapohl:	krapohl@hoffman.army.mil	Ms. Walton:	waltonj@hoffman.army.mil

DO WE HAVE A DEAL FOR YOU

The Korea mission remains a yearly opportunity for officers of all ranks to experience the TOE and TDA health care environment plus fulfill a one-year overseas tour. Branch will be looking for officers for the FY02 assignment cycle. Be proactive and reserve an assignment in the "Land of the Morning Calm". Contact your career manager and find out what is available within your specialty area of nursing.

Upcoming FY 01 and FY 02 Boards

18-20 Sept 01	Chief Nurse Nomination Board
02-12 Oct 01	MAJ AMEDD
27 Nov-07 Dec 01	LTC AMEDD Command
05-14 Dec 01	COL AMEDD Command
12-22 Feb 02	LTC AMEDD
05-15 Mar 02	CPT AMEDD & VI
14-21 May 02	MG/BG AMEDD
04-21 Jun 02	Senior Service College
09-19 Jul 02	COL AMEDD & RA Selection
09-26 Jul 02	Command & General Staff College

FY01 AMEDD Major Promotion Board (MILPER Message # 01-197)

Convene and Recess Dates: 02 –12 October 2001

Zones of Consideration:

CPT DOR:	Above the Zone:	01 Oct 95 and Earlier
	Primary Zone:	02 Oct 95 thru 01 Dec 96
	Below the Zone:	02 Dec 96 thru 01 Oct 97

OERs due to OER Branch, PERSCOM: NLT 25 Sep 2001

Required "Thru Date" for Promotion Reports (Code 11) is 27 Jul 2001

Required "Thru Date" for Code 21 Complete the Record OERs: 27 Jul 2001 (BZ eligible officers are not eligible for "Complete the Record" OER)

Letters to the President of the Board: due NLT 02 Oct 2001

Request for microfiche: e-mail: offrcds@hoffman.army.mil or fax: DSN 221-5204 / 703-325-5204.

Send DA Photos and signed Board ORB to CPT Gahol NLT 10 Sep 2001

POC is CPT Bob Gahol, AN Branch, PERSCOM, DSN 221-8124 / 703-325-8124 or gaholp@hoffman.army.mil

Details of the Board MILPER Messages are now available online. To access the messages, go to PERSCOM online (www.perscom.army.mil), double click "Hot Topics", then select MILPER Messages.

Transcript Updates

Officers should have transcripts mailed directly to AN Branch:

COMMANDER, PERSCOM
TAPC-OPH-AN, ROOM 9N47 (MAJ Lang)
200 STOVALL STREET
ALEXANDRIA, VA 22332-0417

Short Courses

Register for the following courses through the MTF / TOE Chief Nurse (CN) or Hospital Education Office and forward to Branch (ATTN: MAJ Gary Lang).

6A-C4	Combat Casualty Course (C4) (FSH, TX) 11 – 19 October 2001 1 – 9 November 2001 29 November – 7 December 2001 17 – 25 January 2002 31 January – 8 February 2002 21 February – 1 March 2002 21 – 29 March 2002 4 – 12 April 2002 9 – 17 May 2002 30 May – 7 June 2002 5 – 13 September 2002 19 – 27 September 2002
6A-C4A	Joint Operations Medical Managers Course (C4) (FSH, TX) 26 October – 2 November 2001
6H-F26	**Medical Management of Chemical and Biological Casualties Course (Aberdeen Proving Ground & Ft Detrick, MD) 20 – 26 October 2001 9 – 15 March 2002 4 – 10 May 2002

**A DA 3838 is necessary to request this course and must be submitted NLT 45 days before class start date. Please list your fax number in section 24 (Local Approving Authority) of the DA 3838. Applicants are required to have a "Secret" security clearance to attend the course. POC is MAJ Gary Lang at DSN 221-3693.

Preparation for TDY Courses

Just a friendly reminder, it is the responsibility of each unit to ensure that all officers going TDY are able to meet the Army's height/weight and APFT standards. For any course that generates an AER, officers must be able to pass these standards to be able to pass the course.

FY 2002 TRAINING WITH INDUSTRY (TWI)

Applications due: 1 November 2001 (revised date)

Officers that participate in the Training With Industry Fellowship receive firsthand private sector at either one of two sites: Center Healthcare Finance Administration (HCFA), Baltimore MD or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Chicago, IL. Selected officers begin their one-year fellowship in the summer of 2002 followed by a utilization tour that is coordinated between the officer and AN Branch.

Eligibility: The TWI Fellowship is highly competitive. ANC officers must meet the following criteria: Master's degree; completion of CGSC; at least eight years but not more than 17 years active federal service (AFS); two years time on station at the start of the program or completion of an overseas tour; not competing for any other Army sponsored program, fellowship, or scholarship; be able to complete a full utilization tour following the fellowship; no adverse action pending; meet the Army's height/weight/PT requirements; be PCS vulnerable; and the rank of MAJ or LTC. Officers must have an outstanding performance record. Contact MAJ Gary Lang for additional information regarding TWI or any other fellowship of interest.

LTHET BOARD RESULTS

CONGRATULATIONS to the following officers on being selected for Long Term Health Education and Training for FY 2002:

Anesthesia		CNS, Critical Care		Informatics	
Bedwell, Nevada	ILT	Andersen, Carolyn	CPT	Diaz, Susan	CPT
Cavanaugh, Brett	Accession	Baxter, Andrew	CPT	Nenninger, Kathleen	MAJ
Dickinson, Paul	MAJ	Deary, Katryna	CPT	Midwifery	
Eldridge, Christina	Accession	Hargrove, Mary	MAJ	Collins, Lynn	MAJ
Elliot, Aaron	CPT	Holloway-Petty, Terri	CPT	Snipes, Sandra	CPT
Erkkila, Christopher	CPT	Pierce, Wesley	CPT	Nursing Admin	
Gasko, John	Accession	Weichart, Thomas	CPT	Agee, Kimberly	MAJ
Griffin, Natalie	Accession	Williams, Cory	CPT	Cobbs, La'Shanda	CPT
Harrison, Michael	Accession	CNS, Med/Surg		Wolf, Kandace	MAJ
Inocencio, Beverly	CPT	Adams, Denise	MAJ	Nursing Education	
Jenkins, Constance	CPT	Cuevas, Timothy	MAJ	Grossnickle, Genevieve	MAJ
Johnson, Majorie	Accession	Hoffman, Melissa	CPT	Hembree, Patricia	MAJ
Jones, Jerromy	CPT	Sobieck, Margaret	CPT	Hopkinson, Susan	CPT
Lauer, Brian	CPT	Spells, Miriam	MAJ	Watson, Eric	CPT
Lebedovych, Linda	MAJ	CNS, Perioperative		CNS, Trauma	
Lenzmeier, Brian	CPT	Coughlin, Kathleen	MAJ	Cleveland, James	MAJ
MacKinnon, Carolyn	CPT	Hulse, Jeanne	MAJ	Lewis, Eric	CPT
McFarland, Denise	ILT	Swenson, Linda	MAJ	Munari, Dana	CPT
Moore, Randal	ILT	Taylor, David	CPT	Critical Care	
Mullins, Bennie	Accession	Toven, Lisa	MAJ	Collier, Greta	ILT(P)
Pease, Todd	ILT	CNS, Psych		Baylor - HCA	
Shepherd, Jon	CPT	Arens, Jessica	ILT(P)	Colvin, David	CPT
Sinnott, Jonathan	Accession	Arnold, Robert	CPT	Diehl, Diane	CPT
Sturm, Astrid	CPT	Casteel, Sheila	CPT	Dixon, Margaret	MAJ
Swift, Christian	CPT	Flood-DeYoung, Vernell	CPT	Hadley, Kay	CPT
Thomas, Michael	CPT	Kelsh, Diana	CPT	Morton, Richard	CPT
Weber, Cherie	Accession	McMullen, Deborah	CPT	Portee, Anthony	CPT
Whitacre, William	ILT	Family Nurse Prac		Wallace, Melissa	CPT
Whitney, Lori	Accession	Cornali, Jamie	CPT	Ph.D.	
Wiley, Heather	ILT	Costa, Denise	MAJ	Hopkins, Denise	MAJ
Wilson, Darlene	Accession	Crouch, Carla	CPT	Lewis, Paul	MAJ
Wilson, John	CPT	Davis, Mary Beth	CPT	Ashley, Jeffrey	MAJ
CHN/MPH		Davis-Bonner, Paula	MAJ	Ricciardi, Richard	LTC
Aaron, Sharon	CPT	French, Cynthia	MAJ		
Burgan, Terrie	CPT	Gainok, Jana	CPT		
King, Johnny	CPT	Glidewell, Jennifer	CPT		
Marana, David	CPT	Peterson, Lillian	CPT		
Meiller, Susan	CPT	Reilly, Barbara	CPT		
Sisk, Bryan	CPT	Riordan, Joan	CPT		
Song, Young-Hee	CPT				
Upshaw-Combs, Donna	CPT				
Whitescarver, Heidi	CPT				

Officers with approved waivers for the Officer Advanced Course and/or Regular Army (RA) must comply with those requirements prior to PCSing to school.

Reminder: There is an Active Duty Service Obligation (ADSO) associated with LTHET. Letters of congratulations and a LTHET agreement will be forthcoming and will address the ADSO requirement

LTHET TUITION CAP ESTABLISHED FOR 2002 SCHOOL STARTS

Officers selected for long-term civilian training by the FY 2002 LTHET Board have a newly established semester/quarter tuition cap:

Per semester \$3,000
Per quarter \$2,250

Officer Advanced Course

Officers need to have completed OAC before the Major's board. CPT Gahol at AN Branch schedules officers for Phase II of OAC once the officer has completed Phase I. Below is the list of OAC class dates for FY 01&02. **Please note the date change in OAC Phase II.** Seats are limited so please plan accordingly.

Class #	Report Date	Start Date	End Date
041	29 Sep 01	30 Sep 01	06 Dec 01
012	06 Jan 02	07 Jan 02	15 Mar 02
022	24 Mar 02	25 Mar 02	31 May 02
032	07 Jul 02	08 Jul 02	13 Sep 02
042	22 Sep 02	23 Sep 02	05 Dec 02

Send a copy of DA3838 and OAC Phase 1 Certificate of Completion to CPT Gahol at AN Branch (fax is OK). The chief nurse or designee must sign DA 3838. Officer must not be on a temporary profile, have met HT/WT standards and have passed the most recent APFT before attending Phase II. In addition, include the name, e-mail address and telephone number of the MTF's OAC coordinator. The OAC letter will be sent through your facility's OAC coordinator.

OAC Phase II Enrollment Cancellations

Officers wishing to cancel their enrollment from OAC Phase II must submit a letter thru their chief nurses or education coordinators NLT 2 weeks before the course starts. Send the letter to CPT Gahol. Please note that officers that cancel without adequate notice will be considered as "no shows" and reported to command.

CGSOC and CAS3 through the Reserves

Taking **CGSOC** and **CAS3** through the **Reserves** has become very popular and classes do fill quickly at the more popular locations and times. Please plan early--send your completed 3838s, signed by your respective chain of command, and fax to **LTC Jane Newman** at **DSN 221-2392**, com. **703-325-2392** (newmanj@hoffman.army.mil). Respective POCs for specific ATRRS and class related questions are:

CGSOC by Reserves—Ms Jennifer West **DSN 221-3159**

CAS3 by Reserves—Ms Jennifer West **DSN 221-3159**

If you are currently enrolled in another services CGSC or are contemplating signing up for another services CGSOC, please contact your PMO to discuss your plan.

CAS 3 and CGSOC Information on Line

Information for the Reserve Component (RC) CAS3 and CGSOC can be found on line. The web address is WWW-CGSC.army.mil. The information pertains to AD officers attending Reserve Component CAS3 and CGSOC. Points of contact (POC) for specific reserve component regions are listed. Please do not attempt to register on-line. Registration for CAS3 and CGSOC must be processed through your respective local training chain of command. LTC Newman is the AN Branch POC.

Generic Course Guarantee

As you may know, the Generic Course Guarantee is a wonderful program offered to junior officers (those who qualify when they come on Active Duty) to receive specialized training in the Critical Care, Psychiatric-Mental Health, OB-GYN or Perioperative Nursing course with in their initial tour of duty (first 3-4 years on Active Duty). While it is very much encouraged for junior officers to take advantage of this super opportunity and attend one of the courses, there may be a misperception among some who have the Generic Course Guarantee, that, in order to remain competitive for promotion and career progression, they **MUST** accept the Generic Course Guarantee and attend one of the above listed courses. This is a misperception! Please keep in mind, the elements that make an officer's record competitive: good performance, meeting AR 600-9 standards, passing the APFT, meeting career gates (ie AOC, CGSOC, LTHET etc), diversity of positions (TDA, TOE, clinical, staff etc). If you have any questions or concerns regarding the Generic Course Guarantee, please speak with your Nursing Chain of Command (Head Nurse, Section Supervisor, Chief Nurse etc) or Hospital Education POC or contact LTC Hough, AN Branch at houghc@hoffman.army.mil

In terms of the Generic Course Guarantee, specification of a course must take place within a year of the officer coming on active duty (time starts when officer reports to Active Duty). Officers who enter active duty with no prior nursing experience, must have a minimum of one-year nursing experience before attending an AOC producing course. Officers, who have prior nursing experience, must have at least six months Army Nursing experience before specifying a course. Officers must have at least one year remaining on active duty at the completion of a course. The courses available for attendance through the Generic Course Guarantee program are Critical Care, Psychiatric-Mental Health, OB-GYN, and Perioperative Nursing Course. Officers who desire to attend the Emergency Nursing course (M5) or Community Health Nursing course, must decline their Generic Course Guarantee.

AOC/ASI Producing Courses

Critical Care Course and Emergency Nursing Course, Psychiatric-Mental Health and OB-GYN Nursing Course Manager: LTC Hough at houghc@hoffman.army.mil

Perioperative Nursing Course Manager: LTC Newman at newmanj@hoffman.army.mil.

Community Health: LTC Ross at rossa@hoffman.army.mil

****Please note FY02 AOC/ASI Course dates refer to AN branch website under professional development.**

The Perioperative Nursing Course is held in one of three locations, San Antonio, TX, Tacoma, WA, and El Paso, TX. William W. Beaumont and El Paso offer many exciting opportunities during the course downtime. Triple A baseball during the spring and summer months with the El Paso Diablos and snow skiing/boarding in Ruidoso, New Mexico during the winter. Albuquerque, Carlsbad Caverns, Kartchner Caverns, Arizona, Hatch, New Mexico (Chile Pepper Festival) and White Sands Monument (boogie boarding on the dunes) are all day trips away. El Paso is known as the Sun City and is a great escape to the High Desert for golfing and horseback riding.

REMINDER: Officers who are applying for specialty courses need to be aware that there are several factors that are closely evaluated when making the course selections. Officer qualifications, MTF needs, fiscal constraints and personal assignment preferences are a few of the important factors that are thoughtfully considered. Officers should be aware that any time they are coming out of a school, (i.e. AOC courses and LTHET) the priority for the follow on assignment is the "utilization tour" while meeting the needs of the MTFs. This is why officers attending AOC producing courses are generally assigned to medical centers or large, busy MEDDACs as their follow on assignment. Naturally, it is always our goal to match up personal preferences, however, sometimes that is not always possible. Therefore, if you are applying for a course you must be prepared to accept the follow on assignment as a condition of your acceptance to the course. Preference statements are part of the application process, be sure that you state any special considerations that you would like us to be aware of when making your assignment. Once the assignments are made, it is very difficult to change them.

66F/66E Assignment Opportunities

Assignment opportunities are available for 66Fs in Alaska, Ft. Polk, Ft. Riley, Ft. Stewart, WRAMC, Ft. Knox and Ft. Bliss next summer. Follow on assignments are negotiable. Immediate needs are Ft. Carson and Heidelberg in December 2001. Europe and Korea continue to be options for the future. For these and other opportunities please inquire to LTC Newman, newmanj@hoffman.army.mil.

Assignment Opportunities for 66H Lieutenants

There is a position open for a 66H lieutenant at Ft. Drum, NY for Winter 02. There are also other assignment opportunities available to 66H lieutenants for winter/spring 02. If interested, please contact LTC Charly Hough, PMO for 66H LT's and new accessions, email houghc@hoffman.army.mil

Assignment Opportunities for Captains

Winter rotation assignments that remain vacant are posted on the webpage. Please take note the fills still needed for Korea and the new FORSCOM positions. There is a critical need for 66H8A nurses that have pediatric expertise at TAMC. 66H 8A/66H nurses skilled in the NICU are needed at Landstuhl and Fort Hood. If interested, please talk with your chain of command and email MAJ Greta Krapohl at krpohl@hoffman.army.mil

PROPONENCY STAFF OFFICER

What is MMPI?
COL Clara Huff

During the fourth quarter of every fiscal year, nursing personnel at MEDCOM facilities should get involved with MMPI, the MEDCOM Manpower Program Initiative. But, what is it; and why do they need to get involved?

All Army Commands receive personnel budget guidance that determines how many officers, warrant officers, and enlisted personnel they can have and document on official Army manpower TDAs (Tables of Distribution and Allowances) and MTOEs (Modified Table of Organization and Equipment). The MEDCOM is no exception. The challenge is to make

sure that we have the right mix of personnel by specialty to accomplish the mission.

Within the MEDCOM, each organization has a total officer, warrant officer, and enlisted authorized strength. It is the Commander's responsibility to ensure he/she has the right mix of specialties within the total structure he/she has been given. As healthcare missions change, the commander-- with the help of his/her staff, needs to look at the long-range requirements for personnel and determine what specialties are required to support that mission. The commander has the prerogative to formally request a different mix of officers, warrant officers, or enlisted specialties; but he/she must stay within the total strength numbers for each category of personnel. In other words, the total number of officers cannot increase; and the facility cannot trade an officer for an enlisted or warrant

officer or vice versa. The request process takes place as part of the MMPI when the MEDCOM Manpower Division solicits input from all MEDCOM units on their personnel needs by corps.

It is vital that the chief nurse executive be involved in this process at the local level to make sure that any proposed adjustments in the number and/or mix of nursing personnel are not detrimental to the provision of nursing care. Based on mission changes, the availability of nursing personnel in the local area, and hospital reorganizations, a facility may need to consider whether they need another AN in exchange for a MS or SP position—or vice versa. Even if no change in the total number of ANs is required, there may be a need to change the specialty AOC/ASI of the AN positions. If the chief nurse executive doesn't get involved, non-nursing personnel will make the decisions for nursing—and they may not be the right decisions. For example, if a facility closes its OB Unit, there may no longer be a need for 66H8Gs, but that doesn't mean we need less nursing assets at that facility. There may be a need for 66H or 66E instead because of the expansion of the surgical mission; and nursing personnel are best able to make that determination. It is the responsibility of the chief nurse executive, with input from his/her staff, to identify the nursing resource requirements and ensure they are included in the request that goes to MEDCOM. Even if you are not the chief nurse executive, you need to keep your Chief Nurse informed about your staffing needs so he/she can address your concerns.

Once the request for AOC/ASI changes gets to the MEDCOM Manpower Division, the requested changes are staffed through subject matter experts. COL Carol Jones, MEDCOM Chief Nurse, is the SME for AN issues; and she is responsible for evaluating the clinical merit of any proposed changes. Since any increase or decrease in AN authorizations or change in AOC has the potential to impact total AN strength, the requested changes are also staffed through AMEDD Personnel Propensity. It is my job to make sure that if the requested changes get implemented, we can maintain a viable career path for those AOCs. Drastic changes in what is requested from one year to the next cannot be supported. We don't have the training base to suddenly double our output of OR nurses in one year for example; nor can we accommodate a 50% reduction in a specialty, only to turn around in another year and ask to have it increased significantly. Furthermore, these drastic changes affect promotions and we don't want to jeopardize our officers' careers. In all of our decisions, however, we need to make sure we maintain the assets to do our go-to-war mission. Sometimes that means we have an imbalance between our go-to-war needs and our peacetime care needs. It also means that if a facility proposes to eliminate a position that is coded for PROFIS, that PROFIS code has to be moved to another position in that facility, in the region, or within the MEDCOM. And requesting to change a position into another specialty because it hasn't been filled, is not enough justification. As long as we are understrength in the Army Nurse Corps, we will continue to have authorized positions that can't be filled. As we improve our accession numbers, increase the number of officers attending AOC courses, and retain more qualified officers on active duty instead of losing them to the civilian marketplace, our

personnel inventory in the shortage specialties should improve. Once we get to the right number and mix of specialties, we should have better fill for our authorized slots--and get the right people to the right places. This fix will take time. In the interim, we need to continue to identify our personnel needs so we can shape the Army Nurse Corps and position it for success in the future.

NURSING INFORMATICS CONSULTANT

LTC(P) Anthony M. Ettipio

Total AMEDD Systems Management Directorate

Army Knowledge Management Strategic Plan is Key to Total Army Transformation

Bottom line up front #1 – do it today: every soldier, reservist and Army civilian *must* register for an Army Knowledge Online (AKO) account and Email address by 1 October, 2001. <http://www.dtic.mil/armylink/news/Aug2001/a20010823armyknowledgeonline.html> . Do so by going to <http://us.army.mil> , register yourself and initiate your new Email account. Instructions are attached at the end of this newsletter in "News Around the AMEDD" section.

NOTE: entering forwarding information will enable you to automatically forward your AKO Email to your primary Email account. For example, mail sent to your AKO Email address will appear in your Microsoft Exchange account. You will *not* have to manage both Email accounts.

Bottom line up front #2 – do it today: AN officers need to ensure their new AKO Email address is posted to their Officer Record Briefs (ORBs) by 1 October, 2001. Snail mail is just too slow and too costly – so PERSCOM intends to communicate and coordinate with us digitally - via the AKO web portal. To do this, send (by Email!) your PSB or MILPO Officer Records Clerk, your new AKO Email address as soon as you have it. Then, ask for a copy of your ORB to be sent to you and *confirm* that the AKO Email address is correct and visible on the top left hand portion of the ORB. Once again – suspense is 1 October, and very achievable - since this process is all digital and requires neither time away from the workplace, nor standing in any line.

The Army Knowledge Management (AKM) Strategic Plan, available at <http://www.us.army.mil/akm/> identifies five AKM goals and provides initial direction for achieving them.

As part and parcel of the AKM Strategic Plan, the Army Knowledge Online site is an early, external manifestation (visible and operationally usable) of our Army's very comprehensive plan to fundamentally change the way we work, go to war, and yes, even directly manage our careers. The clear intent is for everyone to have ubiquitous access to operational, actionable Army knowledge as well as transactional capabilities – along with one career-long Email address, that you can access regardless of location or status (between assignments, or on TDY for example). In the near future, you will be able to directly transact your personnel and finance matters through the AKO portal. Distance learning

programs will be integrated. Far more profound changes are on the way, but I'll save those specifics for another day. Once you have created your AKO account and new Email address, I recommend that you customize and personalize your home page by clicking on the "Personalize" tab. Army Nurse Corps links can be found and selected under "Branches". I also recommend that you use "My Channel" to your advantage. At "My Channel" you can post all your favorite websites for easy, one click access. Doing so makes it most advantageous to make the AKO site your start site when you fire up your browser at home as well. Gee, wish I had all this information so readily available when I was a Second Lieutenant. How much smarter I would have been!

IMPORTANT. The Army Knowledge Management Strategic Plan applies to, and will positively affect, everyone in the AMEDD. Our world will *never* be the same again. We shall all become digitally-driven and fully united. ONE. The revolution is now on with a vengeance and accelerating. Directly targeted: sub-optimal decision making that commonly results from unavailable information and (by definition, actionable) knowledge – at the point in time when it is needed. A fully transformed Army *requires* a digital overhaul of the entire info-structure/global grid and our Army's most senior leadership has now placed a "network-centric Army" at the top of their priorities.

Let me tell you what's going on here. This is *not* bland, uninspired evolutionary management. It is indeed - very bold, swift, visionary and tenaciously aggressive leadership by the Army Chief of Staff, General Eric K. Shinseki and Thomas E. White, our new Secretary of the Army - who are now promulgating a series of absolutely stunning changes that will forever alter our often inefficient, manual, analog world – starting with integrating YOU into the AKO system. Operational decision cycles will be halved - and halved again. The genius and energy of our junior officer and enlisted soldiers will be unleashed with a fury. Our real and potential national enemies will wither under the force of a fully connected, supremely intelligent military apparatus that will be subsequently generated. **Knowledge is the ultimate force multiplier.** The high ground of **full-spectrum information dominance** will be secured. Foreknowledge enables leaders at every level to deal with threats (problems) early on - to crush them by denying them the time or opportunity to gather strength. The principles of speed, adaptability, agility and the ability to precipitously project – into time and space - an irresistible momentum (shock) that fractures the rogue element's will and ability to resist . . . **all on our terms** – these are the inherent capabilities - the decisive advantages - that our Army, at every level, will gain. These ideas and concepts absolutely apply to managing and protecting our patients proactively – surveilling **information about patients**, identifying actionable items based on predictable, previous patterns (clinical knowledge) and acting early on - to render patient-centered, life threatening or safety problems – harmless; reducing the overall risk profile of the patient experience in the care environment. We manage the environment of care . . . it does not manage us. Quality nursing care is absolutely enabled by critical, time-sensitive information in the first instance. Get inside the problem and

take direct control. Set the agenda. Classically stated: "**who controls the tempo, controls the outcome**". This is part and parcel of officership and leadership. It has always been the case.

The AKO operational capability will strengthen our hand by orders of magnitude, and unify our collective efforts across the healthcare enterprise with wholly transparent **situational awareness**. It will be the "portal of portals" that will eventually be our initial entry point into all other operational information systems in the future.

Attached on the last page of the newsletter is the Army Chief of Staff and the Secretary of the Army's initial memorandum which prescribes the actions and changes to come very soon – in terms of how we will manage and use total Army information assets and capabilities.

ARMY NURSING RESEARCH UPDATE: *LTC Laura Brosch*

The Top 10 Reasons to Pursue a Doctoral Degree

Never before in military health care has there been a greater need for evidence-based decision-making in all aspects of health care planning and evaluation. From understanding military unique healthcare phenomena and testing deployment nursing interventions to analyzing DoD databases to identify health service utilization issues, the Army Nurse Corps has a great need for doctorally-prepared leaders in clinical practice, research, education, and management. Fortunately, officers in the Army Nurse Corps have the opportunity to receive full funding to attend doctoral programs in nursing, education, public health (community health nurses), and the basic sciences (nurse anesthetists). But why would you want to? Here are our top 10 reasons:

1. You're determined to improve patient care and increase the body of military nursing knowledge through research and systematic evaluation.
2. You're ready to acquire new skill sets to analyze and evaluate health care issues in order to develop innovative solutions.
3. You want to sharpen your critical thinking skills.
4. You enjoy mentoring students and contributing to their academic success and professional accomplishments.
5. You aspire to leave a professional legacy through your research and publications.
6. You want to hone your professional writing skills.
7. You're hell-bent on providing evidence-based recommendations to DoD policymakers.
8. You dream of a second career in academia, hospital administration and/or clinical research.
9. You long to learn a scientific language and impress (or annoy) everybody. (Just kidding).
10. You're ready to run the longest endurance race in your life and say, "I made it!!"

These top 10 reasons were contributed by COL Eileen Hemman, AN, EdD; COL Catherine Schempp, AN, DNSc; LTC Laura Brosch, AN, PhD & LTC Patricia Patrician, AN, PhD(c).

If even one of these reasons appeals to you, contact your Regional Nursing Research Coordinator (RNRC) for further information. Who's your RNRC?

Region	RNRC	Phone/email
GPRMC	COL Abbott	(210)-916-4642 (DSN 429) cynthia.abbott@cen.amedd.army.mil
PRMC	COL Schempp	(808) 433-7171 (DSN 433) catherine.schempp@haw.tamc.amedd.army.mil
WRMC	Dr. Loan, RNC	(253)-968-2289 (DSN 782) lori.loan@nw.amedd.army.mil
NARMC & SERMC	LTC Brosch	(202)-782-7025 (DSN 662) laura.brosch@na.amedd.army.mil

Attached at the back of this newsletter is the CALL FOR ABSTRACTS for the Fifteenth Annual Hawaii Nursing Research Conference.

FUTURE READINESS OFFICER UPDATE "SMART TIPS" CPT Bob Gahol

A BETTER WAY TO GET YOUR MICROFICHE: In addition to the fax, you can now request your fiche through e-mail at offrcds@hoffman.army.mil. Visit AN Branch website (www.perscom.army.mil/ophsdan/default.htm) for a copy of the microfiche request form. Please remember to include your full name, SSN, mailing address and telephone number on each request. We hope this makes things easier for those of you who are deployed. **Any requests received without a social security number WILL NOT be processed.

GETTING DOCUMENTS ADDED TO YOUR

MICROFICHE: Make copies of original documents and fax them, with a copy of the cover sheet, to PERSCOM Officer Records at (703) 325-5204 / DSN: 221-5204. In the upper right hand corner of each document, write your SSN legibly. It usually takes about 3-5 days for the documents to hit your fiche. Do not send microfiche requests to AN Branch. It takes longer for your request to be processed if you send it to branch.

HERE ARE THE ANSWERS TO SOME COMMON QUESTIONS WE GET ABOUT THE ORB

First, the only things we can change on the first line of Section IX - Assignment History (the 'current' line) are the "Duty Title" and "Duty MOS". The rest of the entries on line one have to be done at your unit level. Your personnel specialists are the ones who "gain" you or "lose" you to the unit, creating the entry to your ORB. For example, if you leave William Beaumont Army Medical Center (WBAMC) to go to Landstuhl Regional Medical Center (LRMC), LRMC needs to "gain" you to the unit in order for the WBAMC entry to drop down one line and the current line to be reflected correctly. Duty title in this section is also changed when a transaction is completed. Please ensure your current duty title is updated

and accurate. If any of these items are incorrect on your ORB, see your unit personnel office.

Second, there is a common misconception that every OER you get causes a new entry to the ORB. OERs have nothing to do with this. If you get a new OER in the same unit, a new entry to the ORB is not necessary unless your duty position changed.

Third, routine maintenance and updates on your ORB should be done with your supporting personnel office. You must contact them first, and they should be able to help you keep your ORB straight. However, AN Branch updates your civilian education and board certification information. Make sure to submit the supporting documents (such as transcripts, board certificates, etc.). I recommend you download and read "Preparing Your File for Promotion or Selection: A Pre-Combat Checklist" at <http://www-perscom.army.mil/opmd/board.htm> to help you get ready for the board.

Infection Control Consultant's Corner "A POTPOURRI" Jane Pool RN, MS, CIC

Infection Control Basic Course

Active duty staff that are assigned to Infection Control (IC) benefit from attending a basic course. Advanced nursing practice and clinical experience in critical care and the OR are very helpful for the beginning practitioner. Some may arrive in the IC arena with a strong knowledge base, but course attendance will ensure a more thoroughly prepared start. At this time, there is not a plan to offer an Army basic Infection Control course thru the MEDCOM, as there are so many commercial courses available.

ICE I: An Introduction to the Fundamentals is the basic course offered by the Association for Professionals in Infection Control and Epidemiology, Inc. (APIC) in Leesburg, Virginia last month. I visited the site and had the opportunity to meet with three newcomers to the Army Infection Control arena - from Wuerzburg, Germany - CPT Sandra Martin, Chief and SGT Ruben Salinas, NCOIC. SSG Stephen Morgan recently PCS'd from Walter Reed to Tripler Army Medical Center. As the new department NCOIC, Stephen has the advantage of working with a seasoned professional - Mr. Stephen Yamada - an excellent teacher and mentor (*Aloha to the two Steves!*) We discussed plans for policy review and efficient ways to accomplish information sharing among the Army ICPs.

ICE I provides an introduction to the fundamental skills necessary for facilitating a successful infection control program. The course offers both lecture and workshops. Topics covered include surveillance methodology; basic microbiology, immunology, and infectious process; isolation techniques and outbreak investigation. The next course is scheduled for November 5-8, 2001 in Houston, Texas at the Westchase Hilton and Towers. Check out the APIC site at www.apic.org for more information.

CBIC Certification – Last Chance for 2001

The Certification Board of Infection Control and Epidemiology, Inc. (CBIC) is a voluntary autonomous multidisciplinary board that provides direction for and administers the certification process for infection control and applied epidemiology. The CBIC exam is the only standardized measurement of the basic knowledge, skills and abilities expected of infection control professionals. Infection Control Professionals (ICPs) with two years experience may apply to sit for the exam – (a computerized version is now available with immediate test scoring – gotta love that!)

CIC is considered a benchmark for competence in meeting the JCAHO **Standard- IC.1.1:** *The Infection Control process is managed by one or more qualified individuals.* Certification is renewed every five years by either retaking the exam or by taking the Self Assessment Recertification Exam (SARE). This format is a home study – open book style design. To be eligible to take the exam for the first time, your application and fees must be received before 15 September. 01 October is the deadline for purchasing the SARE. The exam is also offered next year at the APIC Annual Educational Conference and Educational Meeting being held 19-23 May 2002 in Nashville, Tennessee. Detailed information is provided at www.cbic.org.

Alcohol Hand Rinse Trial

Walter Reed Army Medical Center (WRAMC), Fort Belvoir, Fort Meade, and Fort Drum are the Army's Region One TriService facilities that are just completing an eight-week trial of four different alcohol hand rinses. Product adaptability to use in the field was initially evaluated by SGT Victoria McGinnis, NCOIC, WRAMC Infection Control department. Criteria used to assess the products included the fragrance, ease of application, and skin condition after use. Healthcare workers selected as participants were provided an individual use bottle of product for one week with a week in between to "rest" their hands. The evaluations submitted by staff members are being analyzed for statistical significance and the Hand Hygiene Clinical Products Team will be announcing the outcome later this month at the next TriService Product Review Board.

Alcohol hand rinses are becoming widely accepted as an effective method of hand antisepsis. Emollients included in many products have been demonstrated to actually improve hand skin condition and ***definitely contribute to reducing the transmission of infection.***

What's in a Name?

To mirror a trend that is becoming more prevalent and also focuses on one of the primary goals of healthcare (Prevention and Wellness), the Infection Control Department in the DeWitt Healthcare Network (Fort Belvoir), has changed the name to **Infection Prevention and Control**. This change was presented to and approved by the Hospital Performance Improvement Committee - the committee that provides oversight to the department. *It's a good thing.*

DIRECTOR, HEALTH PROMOTION AND WELLNESS

LTC Gemryl L. Samuels

Health Promotion and Prevention Initiatives (HPPI) funding was established in FY97, as the Office of the Assistant Secretary of Defense for Health Affairs (OASD (HA)) sponsored an initiative requesting the submission of proposals for progressive prevention programs at the healthcare facility level. The Army has been awarded approximately \$1.4 million in funding for the HPPI Program for each fiscal year from FY97 through the present.

The US Army Center for Health Promotion and Preventive Medicine (USACHPPM) champions the HPPI Program for the US Army Medical Command. The USACHPPM seeks to identify best practices in health promotion and prevention that enhances force readiness through force health protection. Because outcomes data is critical in determining evidence-based standards, special emphasis is placed on evaluation methods described in each proposal. Those projects selected to receive funding will be expected to submit quarterly data calls with projected milestones, outcomes, and lessons learned.

The criteria for determining a best practice HPPI Project include: Army-wide replication, sustainability, increased productivity and efficiency without increased costs and improved resource management. Those projects deemed as possible best practice models will be replicated in order to test the project outcomes and efficiency. The Self-care (six sites) and Mouthguard (two sites) HPPI Projects are currently being replicated at eight installations.

A total of 92 projects have been funded since the inception of the HPPI Program. The highest award given to a single project was \$352,000. Each project is funded for one year at a time. Some projects have received funding more than once. In FY01, HPPI awarded \$1.4 million to 33 HPPI Projects in the area of population health, injury and violence prevention, suicide prevention, and personal sexual responsibility. The average funding awarded was \$32,924.

There are three significant changes that will be implemented with the HPPI Program for FY02. A maximum funding request limit will be established for all HPPI proposals submitted for FY02. This amount is anticipated to be \$95,000. Funded HPPI proposals will be limited to two years of funding and the percentage of total requested funding that may be spent on salaries and personnel will be capped at 35%.

You are encouraged to submit a HPPI proposal if you have a health promotion idea that may significantly improve the health of the population in your catchment area, including active duty, military family members, Reservists, National Guardsmen, and retirees. Research projects will not be funded. The application process is simpler than you might think.

The HPPI FY02 request for proposals is planned to be announced on or about 1 October 2001. Areas of concentration are injury prevention, population health, stress management, mental health, and women's health issues. This official request will be sent to the Medical Treatment Facility Commanders, Chiefs of Preventive Medicine and Health Promotion Coordinators. Others who are interested and would like to be included in the distribution list may email Ms. Carlla Jones through Outlook or call her at DSN 584-1329 or 800-222-9698, extension 1329. I am also on Outlook and will be more than happy to provide additional information.

**FAMILY NURSE PRACTITIONER (FNP)
PRECEPTORSHIP PROGRAM
CPT W BRYAN SIMS**

The FNP Issues Work Group that convened 12-16 April 1999 recommended that a standardized, structured orientation program be implemented for all newly graduating Family Nurse Practitioners. The proposed 12-week orientation is intended to smoothly transition the FNP graduate to an independent practitioner role. According to the plan, NP's new to practice in the Army are exposed to a variety of supervised patient encounters in the family practice and ancillary service settings. As such, the program is also suitable for NPs with previous experience but are new to the Army. Rotations through the available services are designed to enhance previously acquired evidence based practice skills and knowledge. Concomitantly, the experienced primary preceptor (NP or physician) develop leader skills critical to effective mentoring. This pioneer team approach promises to increase quality of care and improve force protection through application of very finest advanced practice nursing.

The FNP Preceptorship Program is currently recommended for MTF's with services capable of supporting the program requirements. The 121st General Hospital in Yongson, Korea has implemented the program that begins by completing Department of Nursing and routine hospital orientation. Each newly arriving NP begins in-processing upon arrival with the Credentialing Office the prime source to verify all credentials necessary for safe practice. In addition, a briefing is provided by the Clinical Education Division called the New Provider's Course. During the course, providers at every level are briefed regarding Commanders Intent, Force Protection, hospital policies and general information needed to assure a safe and rewarding tour in Korea. Finally, the Chief Nurse and supervisors provide initial counseling and guidance before beginning the preceptor program.

Because NP's bring with them a variety of experiences, the program is tailored to each practitioner's needs. While no specialty area is necessarily omitted, the time planed for each service may be fluidly adjusted according to demonstrated progress and mission requirement. Structured evaluation is based upon necessary privileges for each specialty area appropriate to the FNP role. Additionally, enrichment experiences aimed at increasing clinical practice knowledge are included extemporaneously. The primary preceptor arranges the clinical experiences with the available ancillary services and ensures appropriate supervision and evaluation.

As a real time example of this program, I have begun my tour as a shiny new FNP having just graduated from the University of Texas Health Science Center at San Antonio. After successfully negotiating board examination through the American Nurses Credentialing Center (ANCC), I reported for duty at the 121st General Hospital. The initial processing and program start were remarkably smooth. Having begun the preceptorship program in the OB/GYN clinic, the experience has already been dynamic and varied. The experience has included routine OB/GYN problems as well as endometrial biopsy, colposcopy and childbirth. In addition, the rotation has included scrubbing in for c-sections, LEEP procedures and cervical cryotherapy as enrichment experiences. This on the heels of completing thesis research in hormone replacement therapy while at the University of Texas, has been pinnacle of my exposure in the OB/ GYN specialty area.

Following this rotation, next is on to Peds, Ortho, the ED, and finally to the Acute Care Clinic (ACC). The ACC provides routine family practice care and will be home-base once the preceptorship program is complete. Each day is a new and exciting challenge with endless potential. The nursing and physician staff alike continue to be very supportive here and are the reason for such a stellar beginning. The Family Nurse Practitioner Preceptorship Program is exceptional and provides an optimal start point for new NP's. What a superb answer for the new NP's who must venture into the world of uncertainty as the opus of their experience in advanced practice nursing.



Instructions for Establishing an AKO Account

1. Click <http://www.us.army.mil>, or enter this address in your Internet browser **Address** block.
2. Click **I'm A New User**.
3. If **Security Alert** messages appear, click **OK** or **Yes**.
4. If member of one of the groups indicated in the **Full Account - Click Next** section, Click **Next>>** to right of this section.

NOTE: Department of the Army Civilians, select **DA Civilian** (Do NOT select DoD Civilian from the Guest Account section.)

5. If member of one of the groups indicated in the **Guest Accounts - Click Next** section, your supervisory representative must have a **Full Account** established and must sponsor you. Click **Next>>** to right of this section. You will need to enter your sponsor's AKO account Email address in the **Army Sponsor Email Address** box.

NOTE: In **Pay Entry Base Date** (PEBD) section: If military, PEBD is on your Leave and Earnings Statement. If civilian, re-enter date of birth in this section.

6. Click **Next>>** at bottom of screen and continue completing requested information.

NOTE: Although your Email information, **Email Address** and **Confirm Email Address**, is optional it will be helpful to enter it here. If you ever forget your password, simply go to <http://www.us.army.mil> and select **lost password**; the system will then send a notice to that Email address that will allow you to reset your password.

7. On screen that requests you to enter your **User Name** and to enter and confirm your **Password**, select and click the **User Name** from the options available. (Options may include use of nickname or inclusion of middle initial. Recommend you use *firstname.lastname*.) Passwords must be at least nine alphanumeric characters.

8. Click **Finish**. If **Full Account** member, you should get a message that indicates your AKO Account has been successfully created. Go to Step 10.

9. If **Guest Account** member, you should get a message that indicates account has been created pending approval from your AKO sponsor. Once you are notified by Email that your sponsor has approved your account, go to Step 10.

10. Once you have an account, go to <http://www.us.army.mil>, and select **Sign In**. Enter the **User ID** and **Password** you just created. If Security Alert messages appear, click **OK** or **Yes**.

11. Although optional, you should click the **Edit Personal Info** link in the **My Army Portal** channel in the upper left corner of the screen.

- a. If **Security Alert** messages appear, click **OK** or **Yes**.
- b. Enter your primary Email account (e.g., Microsoft Exchange Outlook) address in the **Forwarding Email Address** block.

NOTE: Entering the forwarding information will enable you to automatically forward your AKO Email to your primary Email account. For example, mail sent to your AKO Email address will appear in your Microsoft Exchange account. You will not have to manage both Email accounts.

12. To customize your AKO account, click the **Personalize** tab at the top left of the screen and then select the various channels you may be interested, such as **Training Links**, **People**, and **Pay Tables**.

91WM6 (91C) Task Selection Board

The Practical Nurse Branch will convene a task selection board (TSB) 11-13 September for the purpose of selecting and prioritizing tasks to train the 91WM6 (Licensed Practical Nurse). The TSB is separated into two phases, *Judgment 1* (J1) and *Judgment 2* (J2). During the J1 phase, the board members will review a comprehensive list of individual tasks required for job performance, referred to as a Total Task Inventory (TTI). The TTI is derived from a variety of sources to include surveying 91Cs of varying skill levels, receiving

input from subject matter experts (state board competencies), and retrieving data from the 91C task lists and 91W task list. During the J1 process, board members will independently select or non-select tasks identified on the TTI, and during the J2 phase, board members will further discuss, define and prioritize final task selections.

We sincerely appreciate all those who participated in completing the M6 Task Survey. Your input has greatly contributed to the task selection process and will ultimately enhance the final M6 critical task list. We would also like to thank the commands for their support and quick response in identifying individuals to participate as members of the M6 Task Selection Board.

Practical Nurse (91WM6) Branch
Department of Nursing Science
AMEDD C&S

WWII Nurse Honored Posthumously for POW Work

A World War II Army nurse who courageously endured almost three years as a prisoner of war posthumously received the Distinguished Service Medal on 20 August at the Women's Memorial, Arlington National Cemetery, Washington, D.C.

MAJ Maude C. Davison, chief nurse of the Army's Philippine Department, led her staff in nursing the sick and wounded of Bataan and Corregidor as U.S. forces fought to defend the Philippines from an overwhelming Japanese invasion. Imprisoned at Manila by the Japanese for three years, she managed the nursing care given to thousands of interned men, women and children.



In recognition of Davison's inspiring leadership while suffering illness and every privation, LTG James B. Peake, the Army surgeon general, presented the Army's fourth highest medal to Davison's niece, Velma Willis of Cannington, Ontario, Canada. Davison, a naturalized U.S. citizen, was born and is buried in Cannington.

Captured on Corregidor Island in May 1942 when the American garrison at Corregidor surrendered, Davison and other Americans were moved to Manila's Santo Tomas Internment Camp in August. Davison, age 57 and at that time

a captain with more than 20 years service, was the highest ranking nurse. She took command firmly, maintaining the nurses' identity as nurses throughout the hard years of captivity, malnutrition and illness. She insisted that all nurses wear their khaki blouses and skirts while on duty. She maintained a regular schedule of nursing duty, from which nurses were excused only if bedridden.

Called "Ma" by the other nurses because of her authoritative leadership, Davison's drive and spirit inspired all even during the bleakest moments. She placed herself at risk with the Japanese to ensure her nurses' safety in their quarters. Many of the nurses credit her with their survival; all 66 under her command survived to see liberation in February 1945.

At that time, the Army awarded her the Legion of Merit for her service in captivity, although some of her superiors recommended a Distinguished Service Medal. One of those supporting the latter recommendation was General of the Army Douglas MacArthur, who wrote:

MAJ Davison ... was the leader and symbol of the entire nursing corps which so distinguished itself throughout the Philippine Campaign. Her performance was an outstanding example to all. The standards set by her and through her by her corps, established a precedent not only within the gallant forces on Bataan, but for the entire nursing corps in our Army in all theaters."

After her release, Davison was promoted to the rank of major, and she and the nurses imprisoned with her also received the Bronze Star.

Two books detail the hardships that nurses faced while in captivity in the Philippines: "We Band of Angels: The Untold Story of American Nurses Trapped on Bataan by the Japanese," by Elizabeth M. Norman, and "All This Hell: U.S. Nurses Imprisoned by the Japanese," by Evelyn M. Monahan and Rosemary Neidel Greenlee. Davison figures prominently in both.

Davison entered the Army as a general nurse in June 1918 after earning her registered nursing degree at Pasadena, California, Hospital Training School for Nurses. She served in nursing assignments at Letterman General Hospital, San Francisco; the Disciplinary Barracks Hospital, Fort Leavenworth, Kan.; U.S. Military Academy, West Point, N.Y.; and Walter Reed General Hospital, Washington, D.C. Also qualified as a dietician, she served in that capacity at William Beaumont General Hospital, Fort Bliss and overseas at Koblenz, Germany. She went to the Philippines in March 1939.

Davison's health declined as a result of her captivity, and she retired from the Army in 1946 to California. There, she married a family friend, the Rev. Charles Jackson. She died in 1956 at the age of 71.

Branson Honors the ANC

During the week of November 6-12, Branson, MO, will host its sixty-fifth annual Veterans Homecoming, the largest event in the nation commemorating Veterans Day, with 40,000 veterans, from all eras and all states, coming into Branson. Each year, a special group is "saluted". The Army Nurse Corps has been selected as this year's "honoree". The calendar at www.veteranshomecoming.com shows this year's events in Branson. The POW Network organization is responsible for the "service" at the 5th Annual Military gala & Banquet on 8 November aboard the showboat *Branson Belle*, and this year plans to remember the Army Nurse Corps and those who can't join the group at that night's celebration—from all eras, all branches, all organizations, all losses. For more information, visit the web site above. The POC is COL (Ret) Betty Antilla at (301) 926-6857 or call (417)-337-8387.

Opportunity Knocks for Experienced AMEDD Soldiers

With the transition of 91B to 91W and 91C to 91W M6 comes a unique opportunity for active duty and Reserve Component AMEDD soldiers. When the AMEDD Center and School implements the new 91W course, inputs for the early 2001 91W/M6 (91C) classes are anticipated to be lighter than usual. Class 01, beginning on 4 FEB, will receive students from the initial 91W classes which are smaller pilot training classes. AMEDD enlisted personnel may take advantage of this "one time" training seat availability and apply for training. This is an outstanding opportunity for those holding or having previously held 91B (91WY2) MOS to attend a training course that allows a soldier to take a national exam for licensure as a practical nurse (LPN) upon completion. The course is fifty-two weeks in length with the first six weeks at FT Sam Houston. The classes cover anatomy & physiology, microbiology, nutrition, pharmacology, math and the role of the M6 in the AMEDD. Phase II for class 01-02, 46 weeks, will be conducted at DDEAMC or MAMC. It includes 700 hours of didactic instruction in nursing fundamentals, documentation, pharmacology and an in-depth study of the cardiovascular, respiratory, musculoskeletal, GI/GU and reproductive body systems and associated disease processes. Over 900 hours of training are spent in the clinical arena and include medical-surgical, pediatrics, obstetrics, mental health, ICU and ER rotations. As well, a field-nursing component is included in order to apply the skills to the TOE environment. It is recommended that you contact the 91C Branch NCOIC, DSN 471-8454, to determine at which site you may be assigned before making arrangements to move household goods and/or family.

The role of the M6/LPN is an essential component of military healthcare and also has prominence in the civilian sector. The Practical Nurse Course is an excellent foundation for further study and many graduates have pursued advanced nursing degrees after completing this program. Check with the Hospital Education Department and they will assist in the application process.

Military Order of the Purple Heart Annual Memorial Service

The Military Order of the Purple Heart, a veteran's organization comprised of recipients of the Purple Heart Medal, will hold its annual Memorial Service honoring wartime nurses at the Nurses Memorial, Arlington Cemetery at 2:00 p.m. on **Friday 14 September, 2001**.

This annual memorial service gives our National Officers and members of Military Order of the Purple Heart the opportunity to recognize the nurses who are instrumental in caring for wounded service members. All are invited to attend.

The Nurses Memorial, known as "The Spirit of Nursing," is located in Section 21 of Arlington National Cemetery, which is just west of the Amphitheater on Porter Drive. Seating is available. A reception will follow the ceremony. Point of Contact is Mr. Mark Hoppe at (703) 642-5360.

Career Development/Contributions of Army- Baylor University Health Care Administration Alumns Request

The HCA program is approaching 50 years of awarding graduate degrees from Baylor University. The program is making an effort to track the career development of our graduates and acknowledge their significant contributions to federal and civilian healthcare. A web page noting selected alumns has been created.

<http://members.nbci.com/mangelsdorff/BC/bcalum.htm>

Our graduates have done extremely well; we are very proud of their accomplishments and wish to share this with all alumnus. We ask your assistance in this venture.

If you have personal photos (military and/or current), an updated biographical sketch, and the title of your graduate management research thesis/project, please send (digital scan of photos preferred) or email. We are collecting class rosters (with rank entered), class pictures, individual web page(s), and email addresses as well. If you have time to review the page, let us know if you are aware of other classmates who earned doctorates, advanced to star/flag rank, or made notable contributions, who you might recommend for inclusion. The Baylor network is extensive and many folks have remained in contact with classmates and peers. It is hoped word will spread and folks will share rosters, photos, and other information. The project is a work in progress.

Contact: Dr. Dave Mangelsdorff, Professor, U.S. Army - Baylor University Graduate Program in Health Care Administration

U.S. Army Medical Department Center & School
(ATTN:MCCS-HRA), Building 2841, room 1413
3151 Scott Road, Fort Sam Houston, TX 78234-6135
email: a.mangelsdorff@amedd.army.mil
(w) 210-221-6756 or 6345
(fax) 210-221-6051 or 8680

PUBLICATIONS

Congratulations to **LTC Nash-Teachey**, Evening and Night Supervisor at Walter Reed Army Medical Center on her recent publication on Preceptorship in the Summer 2001 issue of Minority Nurse magazine, pg. 72-73.



FIFTEENTH ANNUAL HAWAII NURSING RESEARCH CONFERENCE

"The A to Z of Clinical Research: Novice to Expert"

March 15 & 16, 2002

Hilton Hawaiian Village (Waikiki) · Honolulu, Hawaii USA

Call for Abstracts

The 15th annual Hawaii Nursing Research Conference is co-sponsored by the the Tripler Army Medical Center and the University of Hawai'i at Manoa School of Nursing and Dental Hygiene. This conference is dedicated to sharing nursing research findings and to fostering the utilization of research findings by clinicians. Nurses are invited to submit abstracts for poster or podium presentation for the conference to be held at the Hilton Hawaiian Village in Honolulu, Hawaii, March 15 and 16, 2002.

ABSTRACT SUBMISSION DEADLINE: 2 November 2001

Presentation Formats

- Each PODIUM presentation will be 15-20 minutes in length
- The POSTER session will consist of visual displays

Abstract Requirements

- All research topics are welcome.
- Research must have been initiated and/or completed within the past five years.
- Research must be completed by the time of submission to be eligible for podium presentation.
- In-progress or completed research or projects are eligible for poster presentation.
- Abstracts must include names, addresses, phone numbers, and e-mail addresses of all authors/investigators.
- Funding sources should be noted on the abstract.
- Clinical applications and projects are eligible for poster presentation.
- Abstracts must be received by deadline, **2 November 2001**.
- Submit an original abstract as an e-mail attachment in MS Word or Wordperfect; or in hard copy and disk copy (MS Word or Wordperfect).

Selection of Abstracts

- A blinded-review of abstracts will be conducted by a committee.
- Selection will be based on clarity, logical consistency, and coherency of research.
- All abstracts will be reproduced in a book of proceedings. Submission implies approval to reprint the abstract in the proceedings book, and title and author on announcement of conference.
- Unless otherwise specified, the first author is expected to be present at the conference.
- Attendees are responsible for conference registration fees as well as travel and lodging costs.

Abstract Preparation

- Abstracts must be limited to a single page. Abstracts longer than one page will not be considered.
- Indicate on the author form whether abstract is to be considered for podium or poster presentation.
- Abstract must address the following areas:
 - Aims/objectives of the research
 - Theoretical framework (if applicable)

- Research design, study sample, methodology
- Statistical analysis
- Study findings
- Discussion and implications for nursing
- Funding sources should be noted on bottom of abstract.
- Margins set to 1 inch.
- Minimum font size is 12-point type.
- Study title centered at the top.
- Names of investigator(s) and institution(s) centered under the title.
- If information is sent on a 3.5" IBM formatted diskette, the diskette will NOT be returned.

Please specify author contact information on separate page:

1. Specify whether abstract is to be considered for poster or podium presentation.
2. Presenter Contact Information (Specify name, title, affiliation, address, phone and e-mail):

Name _____

Title _____

Affiliation _____

Address _____

Phone _____

e-mail _____

fax _____

3. Other authors (Name, title, affiliation, address, phone, and e-mail).

Please submit an original abstract with author contact information as an E-mail attachment (MS Word or Wordperfect) to:

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Notification of acceptance and further instructions will be sent no later than 30 November 2001.

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DEPARTMENT OF THE ARMY
WASHINGTON, D.C. 20310

AUG 8 2001

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Army Knowledge Management Guidance Memorandum Number 1

Army Knowledge Management (AKM) is The Army strategy to transform itself into a network-centric, knowledge-based force. This effort is an integral part of Army Transformation. AKM is intended to improve decision dominance by our war fighters and business stewards— in the battlespace, in our organizations, and in our mission processes. The Army Knowledge Management Strategic Plan, available at <http://www.us.army.mil/akm/>, identifies our five AKM goals and provides initial direction for achieving them. The Army Chief Information Officer (CIO) will provide implementing instructions for this guidance memorandum within 30 days.

GOAL 1. ADOPT GOVERNANCE AND CULTURAL CHANGES TO BECOME A KNOWLEDGE-BASED ORGANIZATION.

New policies, management structures, and strong leadership at all echelons will be necessary to manage knowledge and infostructure at the enterprise level. To achieve this, we have tasked the Army CIO to lead change across a broad spectrum of AKM goals. Effective October 1, 2001, all MACOM information technology (IT) initiatives, other than those that are centrally managed acquisition programs, will be reviewed by the Army CIO Executive Board. MACOM automation funds programmed for IT efforts will be withdrawn from the MACOMs and centrally managed. MACOMs will take immediate action to curtail IT investments unless they have a waiver and funding from the Army CIO. Further, MACOMs will request waivers and funding authority, in concert with Goals 3 and 4 of the AKM Strategic Plan, from the Army CIO.

GOAL 2. INTEGRATE KNOWLEDGE MANAGEMENT AND BEST BUSINESS PRACTICES INTO ARMY PROCESSES.

We will establish collaborative work environments and find innovative ways of doing business to improve Army decision-making and operations. We will find ways to share information across boundaries and apply breakthrough thinking so that we achieve greater performance and enterprise cohesion in our activities. In this regard, MACOMs will provide the Army CIO, by October 1, 2001, a summary review of your knowledge management initiatives, best business practices, and plans to achieve data sharing along with your point of contact, so that we can begin to share and capitalize on these as an enterprise.

GOAL 3. MANAGE THE INFOSTRUCTURE AT THE ENTERPRISE LEVEL.

By October 1, 2001, we will designate a single authority to operate and manage the Army's infostructure at the enterprise level. In the meantime, MACOMs will report their infostructure baseline and consolidation initiatives (ongoing and planned) to the Army CIO by September 10, 2001. We will implement our enterprise consolidation strategy, using the Military District of Washington (MDW) as our first phase, by February 1, 2002. We will consolidate all Army infostructure in accordance with the enterprise consolidation strategy and lessons learned from the MDW by October 1, 2002. The Army CIO will provide the draft enterprise strategy by November 1, 2001, and MACOMs and Headquarters, Department of the Army will execute in accordance with the enterprise strategy.

GOAL 4. SCALE ARMY KNOWLEDGE ONLINE AS THE ENTERPRISE PORTAL.

Army Knowledge Online (AKO) is our integrated enterprise portal for accessing information, conducting business, and managing operations. By October 1, 2001 every Soldier— active duty, Army National Guard, and Army Reserve and Department of Army Civilian will have an AKO account. Functional and MACOM managers must do the following two things: streamline and webify your applications; and link these applications to AKO by July 2002 or obtain a waiver from the Army CIO.

GOAL 5. HARNESS HUMAN CAPITAL FOR THE KNOWLEDGE ORGANIZATION.

The Army is People. We need to provide our military and civilian personnel with the learning opportunities, career-building tools, and mentoring relationships to improve their value to The Army and the Nation. To continuously grow our human capital, provide the Army CIO, by December 31, 2001, your innovative ideas and initiatives for reshaping our workforce into a network-centric, knowledge-based force in support of The Army civilian and military personnel management programs. In support of AKM, we need your support in communicating our goals to your people and moving full speed ahead with us to institute best business practices, managing our infostructure at the enterprise level, tapping Army talent, and encouraging innovation. We expect your advocacy and full support as we collectively work through any challenges. As leaders of a more lethal and agile force, we must work together to achieve the enterprise AKM goals in support of Army Transformation. The Army CIO will establish a reporting format to track our progress towards these milestones and report the status to us quarterly. Exceptions to meeting the timelines in this memorandum are reserved for our approval.

Eric K. Shinseki
General, United States Army
Chief of Staff

Thomas E. White
Secretary of the Army